

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				SERIAL NO. <b>097555908</b>		FILING DATE	
				APPLICANT(S)			
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51	
2	/					52	
3	/					53	
4	/					54	
5	/					55	
6	/					56	
7	/					57	
8	/					58	
9	/					59	
10	/					60	
11	/					61	
12	/					62	
13	/					63	
14	/					64	
15	/					65	
16	/					66	
17	/					67	
18	/					68	
19	/					69	
20	/					70	
21	/					71	
22	/					72	
23	/					73	
24	/					74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	9					TOTAL IND.	
TOTAL DEP.	15					TOTAL DEP.	
TOTAL CLAIMS	24					TOTAL CLAIMS	